
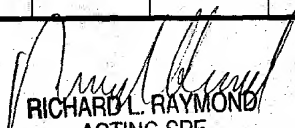



Issue Classification 	Application No.	Applicant(s)	
	09/916,977	ASKEW ET AL.	
	Examiner	Art Unit	
	Tamthom N. Truong	1624	

ISSUE CLASSIFICATION									
ORIGINAL					CROSS REFERENCE(S)				
CLASS	SUBCLASS				CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)			
514	314				514	269	272		
INTERNATIONAL CLASSIFICATION					544	330	331	332	333
A	6	1	K	31/47	546	152			
A	6	1	K	31/505					
C	0	7	D	419/00					
C	0	7	D	401/00					
C	0	7	D	215/00					
Tamthom N. Truong (Assistant Examiner) (Date)					 RICHARD L. RAYMOND ACTING SPE ART UNIT 1624 (Primary Examiner) (Date)			Total Claims Allowed: 23	
 (Legal Instruments Examiner) (Date)								O.G. Print Claim(s) 1	O.G. Print Fig. 0

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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09/916977
07/26/01

Class	Subclass	ISSUE CLASSIFICATION

P

PATENT NUMBER

U.S. UTILITY Patent Application

SA

O.I.P.E.

PATENT DATE

APPLICATION NO. 09/916977	CONT/PRIOR D	CLASS 514	SUBCLASS 310	ART UNIT 1624	EXAMINER <i>Tung</i>
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TITLE

Integrin receptor antagonists

PTO-2040
1289

ISSUING CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
514	314	514	269	272			
INTERNATIONAL CLASSIFICATION		544	330	331	332	333	
A61K	31/47	546	152				
A61K	31/505						
C07D	419/00						
C07D	401/00						
C07D	215/00						

☐ Continued on Issue Slip Inside File Jacket

<input type="checkbox"/> TERMINAL DISCLAIMER <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____ <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	DRAWINGS Sheets Drwg. <u>0</u> Figs. Drwg. <u>0</u> Print Fig. <u>0</u>			CLAIMS ALLOWED Total Claims <u>23</u> Print Claim for O.G. <u>1</u>	
	(Assistant Examiner) <u>TAMTHOM N. TRUONG</u> (Date) <u>3/1/04</u>			NOTICE OF ALLOWANCE MAILED	
	(Primary Examiner) _____ (Date) _____			ISSUE FEE Amount Due _____ Date Paid _____	
	(Legal Instruments Examiner) _____ (Date) _____			ISSUE BATCH NUMBER	

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